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# A Long-Term Leisure Program for Individuals with Intellectual Disabilities

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# A Long-Term Leisure Program for Individuals with Intellectual Disabilities in Residential Care Settings: Research to Practice

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# Milestone, Inc.: Setting

- Community of 150,000 located in Rockford, IL - over 40 years
- Non-profit agency serving over 400 children and adults with mild to profound intellectual disabilities
- 30 adult group homes throughout Rockford
- 600 staff members
- Two residential facilities
  - Elmwood Heights – 84 adults
  - Rocvale – 50 children ages 6-21
- Three Day Training Facilities
  - Milestone Training Center
  - Industrial employment training
  - Community Center





# Why a Leisure Program?

- Leisure activities improve quality of life (Jerome, Frantino, & Sturmey, 2007; Thomas & Rosenberg, 2003)
- Leisure decreases opportunities for inappropriate behaviors (Emerson & Hatton, 1996)
- Meaningful activities and strategies have already been developed (Parsons, Rollyson, & Reid, 2004)
- Advances in technology and teaching strategies (Dollar, Fredrick, Alberto, & Luke, 2012; Edrisinha, O'Reilly, Young Choi, Sigafos, & Lancioni, 2011)
- Staff training has been effective at Milestone and other agencies (Chou et al., 2011; Stancliffe, Harman, Toogood, & McVilly, 2008)



# Project Goals

1. Determine short-term leisure program efficacy
2. Develop simple and reliable measure of staff-resident interactions



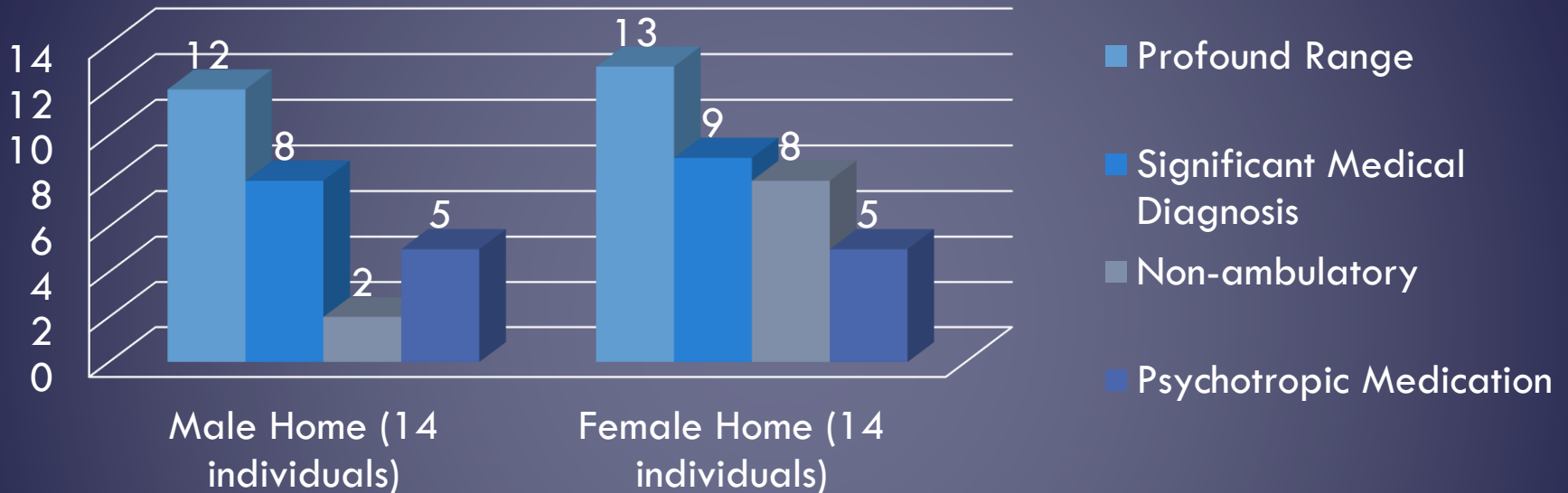
3. Establish long-term leisure program to improve quality of life
4. Establish a standardized leisure program model (with individual variations)



5. Expand over two years to four adult homes and five children's homes

# Research Design

Two Comparable Homes

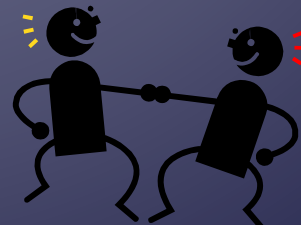


- Multiple baseline design (Hersen & Barlow, 1976)
  - First home - baseline and treatment after eight weeks
  - Second home – extended baseline and delayed treatment
  - Homes measured at separate intervals for post-test and follow-up



# Measure

- Meaningful Client and Staff Interaction assessment (MCSI; Parsons, Rollyson, & Reid, 2004)
  1. Developmentally appropriate leisure activity
  2. Resident active participation, eye contact/smiling with staff
  3. Appropriate staff interaction, such as touch, tone of voice, or eye contact
- Evaluation of MCSI
  1. Three random 30-second measurements of staff interactions
  2. Offered compliments, feedback, and suggestions to staff
  3. Staff typically unaware of observations
  4. One-third of observations - inter-rater reliability (95.3%)



# Program Preparation

- Residents voluntarily chose to participate in activities
- Assessed for reinforcer preferences (games, activities, edible, liquids) individually and systematically
  - Reinforcement Assessment of Individuals with Severe Disabilities (Fisher, Piazza, Bowman, & Amari, 1996)
- Approach behaviors identified (gentle touch, enthusiastic, limited eye-contact)

Tactile Sensory  
Activities (e.g.,  
balloons, lotions)

Sound and Smell  
Sensory Activities  
(e.g., music,  
aromas)

Arts/Crafts (e.g.,  
magazines, coloring)

Simple Board  
Games

## Reinforcement Assessment for Individuals with Severe Disabilities (RAISD)

Student's Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Recorder: \_\_\_\_\_

1. Some children really enjoy looking spinning objects, TV, etc. What are

Response(s) to probe questions: \_\_\_\_\_

2. Some children really enjoy different beeps, sirens, clapping, people singing to listen to?

What are the things you think

Response(s) to probe questions: \_\_\_\_\_

4. Some children really enjoy certain crackers, McDonald's hamburgers, etc. eat?

*The purpose of this structured interview is to get as much specific information as possible from the informants (e.g., teacher, parent, caregiver) as to what they believe would be useful reinforcers for the student. Therefore, this survey asks about categories of stimuli (e.g., visual, auditory, etc.). After the informant has generated a list of preferred stimuli, ask additional probe questions to get more specific information on the student's preferences and the stimulus conditions under which the object or activity is most preferred (e.g., What specific TV shows are his favorite? What does she do when she plays with a mirror? Does she prefer to do this alone or with another person?)*

*selected stimulus on a 3" x 5" index card (e.g., likes a female adult to read him the 'Three Little Pigs' story.) Then have the informant(s) select the 16 stimuli and rank order them using the cards. Finally, list the ranked stimuli below.*

- |          |           |
|----------|-----------|
| 1. _____ | 9. _____  |
| 2. _____ | 10. _____ |
| 3. _____ | 11. _____ |







# Program Activities

- Predictable daily activities (one hour in length each weekday immediately prior or following supper)
- Staff rotated every 20 minutes (adapted) to ensure variety and knowledge with all residents
- Activities located in bins for easy access
- Ineffective activities replaced (ongoing assessment)
- Staff input on activities (empowered staff)
- Met with psychologist regularly to discuss challenges

# Staff Training

## Four-Step Process



Supervised role-play of activities

In-home observation of supervisory staff

Supervised in-home implementation

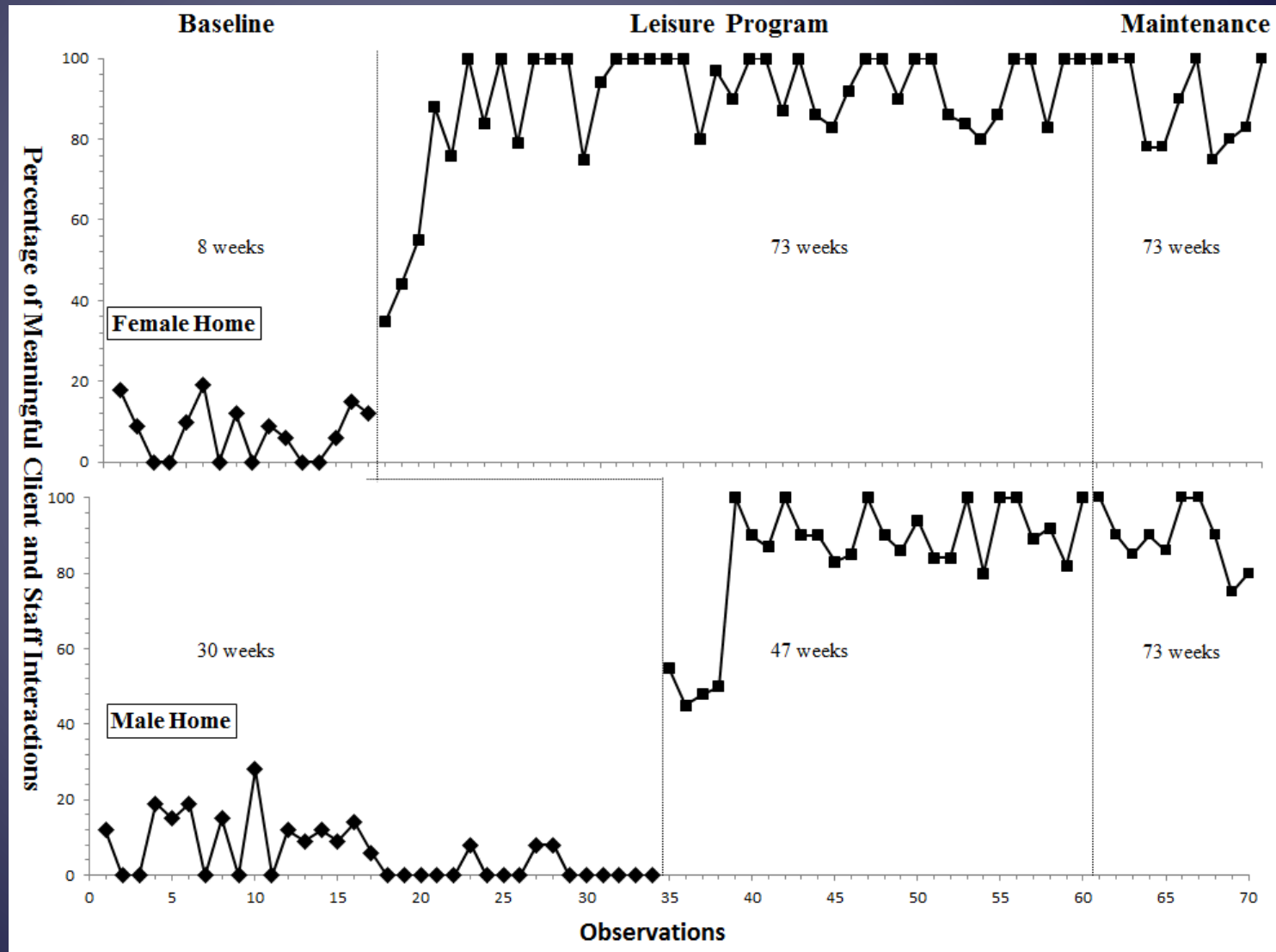
Independent implementation

- Four direct care staff members in each group
- Psychologist explained program rationale and importance of routine
- Home supervisor oversaw implementation and training of staff
- Individual reminder cards with reinforcer information
- One staff managed activities, another clean-up

# Initial Home Results

- Initial increase  
7.25% - 89.86%  
Female home  
5.71% - 84.77%  
Male home

- Follow-up  
88.40%  
Female home  
89.60%  
Male home



# Initial and Ongoing Challenges

- General implementation
- Resident level of involvement
- Availability of meaningful activities
- Medical conditions
- Weather, transportation
- Funding
- Staff availability, motivation, and turnover





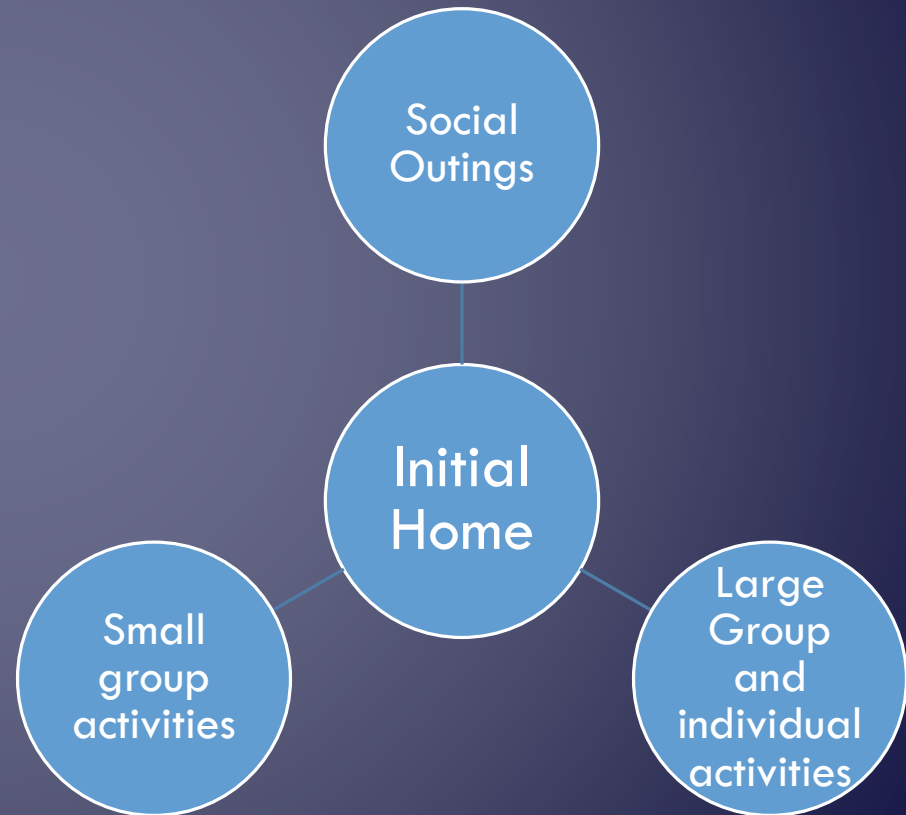
# Staff Motivation

- Initial approach
  - Staff appreciation meals bimonthly for entire staff team
  - Goody bag with treats and compliments on staff effectiveness
- Current approach
  - Individual gas cards
  - Monthly rewards in the children's homes
  - Supervisor monthly rewards
  - Effective graded disciplinary strategy



# Expansion

- Two-year expansion to four adult and five children's homes
- Repeated standardized process with tailored variations for each home
  - Individualized reinforcers and approach patterns
  - Activity preferences and timing
  - Structure of activities
  - Community outings
  - Small groups with distinct activities
  - Large groups with individual activities

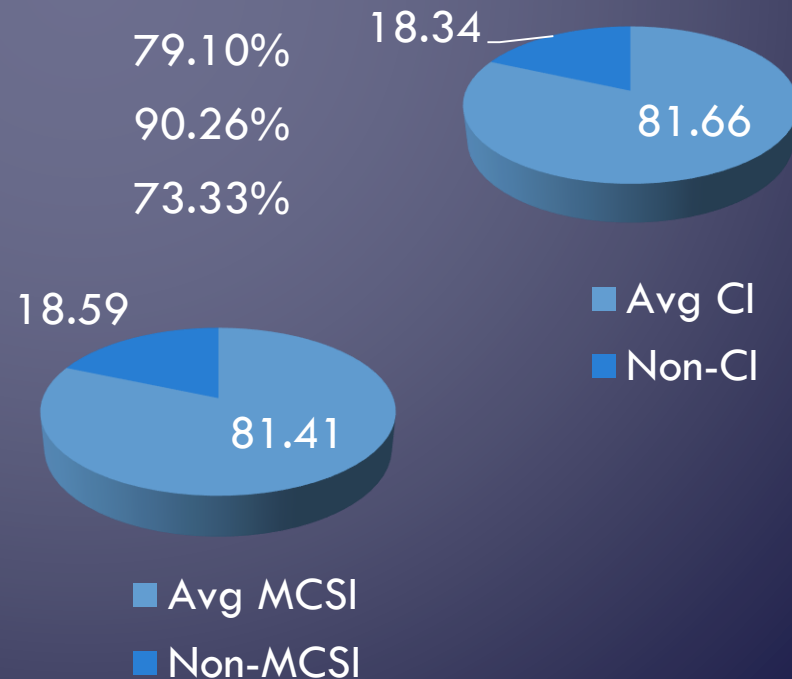




# Expansion Homes

Home	Length of Program	Percent MCSI	Percent CI
Children Home 1	16 months	86.25%	79.88%
Children Home 2	17 months	78.23%	78.00%
Children Home 3	10 months	85.70%	84.70%
Children Home 4	14 months	86.67%	83.08%
Children Home 5	10 months	91.40%	85.70%
Adult Home 1	7 months	85.50%	
Adult Home 2	31 months	79.10%	
Adult Home 3	6 months	90.26%	
Adult Home 4	31 months	73.33%	

MCSI = Meaningful Client  
and Staff Interactions  
CI = Client Involvement





# Implications

1. 73-week maintenance and significant expansion were unique; shows long-term impact and viability
2. Standardized program for institutions
3. Administrative top-down support and enthusiasm was evident; regulators impressed with program
4. Development of new skills among direct care staff (internal and external observations)
5. Quality of life significantly improved (children began implementing activities independently; residents took ownership of the program)



# Questions?

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